

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6						
7	1					
8	1					
9	1					
10	3					
11	1					
12	1					
13	2					
14	2					
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50						
TOTAL IND.	4					
TOTAL DEP.	17	←	→	←	→	→
TOTAL CLAIMS	21					

	IND	DEP	IND	DEP	IND	DEP
51						
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100						
TOTAL IND.						
TOTAL DEP.		←	→	←	→	→
TOTAL CLAIMS						